EVERGREEN LIFE SERVICES
ANNUAL SUPPORT ASSESSMENT
FOR INDIVIDUAL SPIRITUAL CARE
A PART OF INDIVIDUAL CENTERED PLANNING

PERSON:_____
DIVISION:_____
HOME:_____ADDRESS:_____
REVIEW DATE:_____

This is a questionnaire that should be administered upon entrance to Evergreen and annually with each person served and his/her family and staff. It is simply a way of finding out what support might best serve this person in his/her daily spiritual life and to help obtain a fuller understanding of the religion of the person's choice.

1. **Religious Preference: _____**

2. **Do you have the opportunity to participate in your religious preference?**
   _____Yes _____No

3. **If answer to question #2 is "no," what do you desire that's not being provided?**
   _____More opportunity to attend services
   _____More opportunity to be involved with people of my faith
   _____More materials related to my religious preference

4. **I would like for someone to find out more about my chosen faith and find supports that might be helpful with it: _____Yes _____No**

5. **I need assistance in learning, understanding and practicing the traditions of my chosen faith:**
   _____Yes _____No

6. **My staff assists me with learning about my faith: _____Yes _____No**

7. **I think simple lessons with more pictures might help.**
   _____Yes _____No

8. **I am unable to speak and would like staff to help me develop a communication wallet as an aid in practicing my chosen faith:**
   _____Yes _____No

9. **I would like to have audio visual materials of teaching and music of my chosen faith. _____Yes _____No**

10. **I would like to have someone of my chosen faith to help me with my chosen faith. _____Yes _____No**

11. I would like to be assisted with prayer:
_____in the morning; _____at meal time; _____other.

12. I am having trouble getting to and from my place of worship:
_____Yes _____No

13. I would like to have opportunities to visit different places of worship.
_____Yes _____No

14. Other faith based activities I would like to be involved in: (For example, music Programs, spiritual dance, volunteer, fellowship activities, etc.)

_____

15. I presently attend services and/or activities at the following places of worship: (Please list names and addresses of all churches)

REVISED: 2-17-2012